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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/019,243
	Filing Date	December 21, 2001
	First Named Inventor	Richard S. Judson
	Art Unit	2857
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	2458-4042US3

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): See 2 in Addendum
Remarks See 1 in Addendum		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Genaissance Pharmaceuticals, Inc.		
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Printed name	Sandra L. Shaner		
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CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: <u>TO Facsimile No. 703-872-9304</u>			
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Attachment to (PTO/SB/21) Transmittal From (continued)

1. The information disclosure statement submitted herewith is being filed within three months of the filing date of the application or date of entry into the national stage of an international application or before the mailing date of a first Office action on the merits, whichever event occurs last. 37 CFR section 1.97(b).

It is believed that no fee is required, but if that is incorrect, you are hereby authorized to debit Deposit Account No. 50-1293 for any deficiency.

2. Form PTO/SB/08b; Copy of cited non-patent literature document entitled; "Logistic Regression Model for Analyzing Extended Haplotype Data, "Genetic Epidemiology, Liss (New York, NY), Vol. 15 (No. 2) p. 173-181, (1998).

